## Post-tubal-sterilization syndrome

Sir,

I am puzzled by the letter from Dr Boyd (June *Journal*, p.272), which suggests that tubal ligation causes menorrhagia. Dr Boyd says that 18.3% of his sterilized patients later had a hysterectomy, implying that this is a very high figure.

In fact, calculations which I made some years ago[1] suggested that 20% of all British women eventually have a hysterectomy.

Perhaps I am completely wrong, but I do think that we need a lot more evidence before we can start telling our patients that sterilization will make their periods heavier.

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**Reference**

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## Medical Foundation for the Care of Victims of Torture

Sir,

During prolonged study leave I have had the opportunity of spending a small amount of time each week at the Medical Foundation for the Care of Victims of Torture.

My work has involved me in meeting victims of torture from many countries and interviewing them on behalf of refugee organizations. Sometimes this is to validate stories which may enable them to seek asylum in this country, more frequently to help them obtain necessary medical treatment in this country, but also to give them advice concerning specific medical or psychological problems. During recent months I have also been involved in organizing a small group for the victims of torture from several different countries, which has provided an interesting forum for the victims to share their thoughts and feelings about the past and talk about how their experiences affect them to the present day. I have found the work immensely interesting and rewarding.

The work depends in part upon the voluntary assistance of doctors and many are able to offer help either occasionally or on a regular basis. There is clearly a need for other doctors who feel that they might be interested in this work to contact the Foundation, where I am sure their offer will be most gratefully and sympathetically received.

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## General practitioners and alternative medicine

Sir,

When Skrabanek and McCormick (May *Journal*, p.224) criticize Anderson and Anderson (February *Journal*, p.52) for their 'bias and beliefs', they reveal their own. In their letter they say nothing positive about alternative medicine and then give a series of one-sided comments.

Firstly they suggest diluting Anderson and Anderson's findings by excluding techniques such as manipulation and hypnosis because they are 'not alternative'. Why then did the British Medical Association examine them? Reference is then made to trials in 'reputable journals' showing that acupuncture is a placebo response yet the reader is not informed of equally reputable work suggesting the opposite.[1,2]

The reader is then guided to a 'detailed critique of homoeopathy' published in 1853 which is said to be unanswered. The answer to a theoretical critique is not more theory but scientific testing. There has been extensive homoeopathic research since then — good and bad — with one review citing over 250 studies.[3] Why was none of this mentioned and why was no reference made to the recent major study in the *Lancet*[4] which failed to find evidence in favour of the placebo hypothesis?

Finally they call on us to rid medicine of magic. Why do they wish to cloud the issue with accusations of magic? Let us stick to the facts, and when dispute arises put the matter to the test.

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**References**

1. Jobst K, Chen JH, McPherson K, *et al.* Controlled trial of acupuncture for disabling breathlessness. *Lancet* 1986; 2: 1416-1419.
2. Fung KP, Chow OKW, So LY. Attenuation of exercise induced asthma by acupuncture. *Lancet* 1986; 2: 1419-1422.
3. Scofield AM. Experimental research in homoeopathy — a critical review. *Br Hom J* 1984; 73: 161-180, 211-226.
4. Reilly DT, Taylor MA, McSharry C, Aitchison T. Is homoeopathy a placebo response? Controlled trial of homoeopathic potency, with pollen in hayfever as model. *Lancet* 1986; 2: 881-886.

Sir,

Skrabanek and McCormick's letter of criticism (May *Journal*, p.224) on the paper by Anderson and Anderson (February *Journal*, p.52) is itself hardly a model of academic impartiality, and as far as homoeopathic medicine is concerned, the only complementary discipline for which I am qualified to speak, it is ill-informed.

Skrabanek and McCormick make the point that only two doctors in the survey population of 222 practice homoeopathy and that there is no evidence that doctors wishing to study have difficulty in finding teachers. But there is no focus for the teaching of homoeopathic medicine in Oxfordshire. In Bristol alone, where there is, at least eight general practitioners use homoeopathy and 15 to 20 of those from the region regularly attend monthly clinical meetings. Sixty general practitioners attended the last symposium in Bristol, 24 are currently booked for a course in Cardiff and another 20 for a course in Plymouth. So where there are provisions for training in homoeopathy there is evidently an appetite. The problem is the scarcity of provisions, not only for doctors who wish to train and provide homoeopathy for their patients, but for patients whose doctors cannot fulfil their legitimate expectations in this respect and who have nowhere to go. And such problems are not of limited relevance. In a recent sample week of data collection, two of the most experienced general practitioners in Bristol gave homoeopathic medicine in 80% of over 200 surgery consultations.

Apart from the actual use of 'complementary' therapies, the Andersons reported a considerable proportion of doctors discussing the matter with patients or referring them to other practitioners (41.0% and 18.0% respectively in the case of homoeopathy). This level of patient enquiry and doctor response demands an adequate understanding of the subject. Skrabanek and McCormick ask 'what harm can ensue from homoeopathy without 'recognized' training?' They should read the article on severe cutaneous reactions to alternative remedies,[1] and the reply discussing the myth of harmlessness.[2] They would be enlightened by the reference to aggravation of symptoms in the trial of